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JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Alberta Darling
Representative John Nygren

Date: February 10, 2020

Re: DHS Report to JFC

Attached is a report on information system projects under development, including the implementation schedule, a cost estimate, and the methods of determining changes in service, where applicable from the Department of Health Services, pursuant to s. 46.03(26), Stats.

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachments

AD:JN:jm



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

January 31, 2020

FEB 10 2020

St. Finance

The Honorable Alberta Darling
State Senator
Joint Committee on Finance
317 East Capitol
Madison, WI 53702

The Honorable John Nygren
State Representative
Joint Committee on Finance
309 East Capitol
Madison, WI 53702

Dear Senator Darling and Representative Nygren:

Wisconsin Stat. § 46.03(26) requires the Department of Health Services to report annually on information system projects under development, including the implementation schedule, a cost estimate, and the methods of determining charges for service, where applicable.

We have the following projects under development: 1) Facilities' Electronic Health Records (EHR) System; 2) Children's Program Intake Platform (CPIP); 3) Electronic Visit Verification (EVV) System; 4) State Vital Record Information System Part 2; 5) Enterprise Data Warehouse/Data Analytics and Reporting MES Modules; 6) Program Integrity (PI) Module Services; and 7) MMIS Takeover and Enhancement Project.

Information regarding these initiatives is included in the enclosed report.

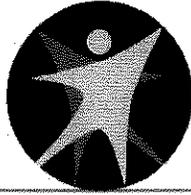
Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Palm", written over a horizontal line.

Andrea Palm
Secretary-designee

Enclosure

cc: David Cagigal, DOA Division of Enterprise Technology



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

**Report to the Legislature on Data
Processing Projects - 2019**

P-00988-2019 (01/2020)

Table of Contents

1. Facilities' Electronic Health Records (EHR) System	3
2. Children's Program Intake Platform (CPIP)	3
3. Electronic Visit Verification (EVV) System	4
4. State Vital Record Information System Part 2	5
5. Enterprise Data Warehouse/Data Analytics and Reporting MES Modules	5
6. Program Integrity (PI) Module Services.....	5
7. MMIS Takeover and Enhancement Project.....	6
8. Projects Completed/Closed Since 2018 Report	6

1. Facilities' Electronic Health Records (EHR) System

Historically, the Division of Care and Treatment Services' seven facilities have relied on a combination of paper records created in Word and Excel, legacy software, and information stored largely in stand-alone MS Access databases to document and manage patient care. This antiquated approach to managing patient information creates significant inefficiencies, potential data security concerns, lost opportunities to enhance the quality of patient care, and could begin to create potential accreditation and compliance issues for facilities that are licensed and/or receive federal funding. The effort to improve the primary means of communicating with health care providers in the modern environment in regard to emergency admissions to an ER, admissions to DHS facilities, coordination of health care while the person is in a DHS facility and at time of discharge, is with the interconnectivity of Electronic Health Records.

Since none of the facilities had the capacity to create an exchangeable electronic health record, which is a foundational expectation of all health care facilities, the 2013-15 biennial budget appropriated annually \$3.5 million (all funds), starting in FY 2014-15, to support implementation of an EHR.

Consequently, DHS and the seven facilities completed an intensive planning, procurement, and implementation project to significantly modernize the DHS facilities' health information technology. The purpose of implementing an EHR is to collectively capture critical patient care data across all seven facilities, increase efficiencies among staff, standardize common processes, and create an electronic health record for each patient. This will allow DHS to improve the quality of patient care, easily share patient data securely with internal and external providers, and offer better opportunities for measuring patient care outcomes.

Cerner was awarded the contract as the EHR system vendor in Q1 2017. Contract negotiations were completed and the project kicked off in Q3 2017. An EHR system implementation consulting services contract was awarded to PCG in Q2 2017.

The EHR was successfully implemented at Winnebago Mental Health Institute in November 2018, followed by successful implementations at Mendota Mental Health Institute in March 2019 and Central Wisconsin Center in June 2019. Due to a CMS regulation change, the other facility implementations were postponed while DHS was required to upgrade the Cerner code level to accommodate this change. The specific target timeframes for the remaining four facilities is to be determined, but the current expectation is for Northern Wisconsin Center to be implemented by early April 2020, Southern by late July 2020, the Wisconsin Resource Center by November 2020, and Sand Ridge Secure Treatment Center by April 2021.

Total cost of the project was estimated to be \$33 million for system procurement and implementation over 10 years. The target time frame for project completion (with the implementation of the EHR at all seven facilities and transition to production support) is Q2 CY2021. The amount to be provided through Master Lease is \$12M. Due to the need for master leasing-specific implementation costs, the approved funding will continue to cover project costs for at least 10 years.

2. Children's Program Intake Platform (CPiP)

The Katie Beckett program and the intake functions for Children's Long-Term Support Waiver (CLTS-W) and Children's Community Options Program (CCOP) were supported by disparate Microsoft Access and

Microsoft SharePoint databases. Microsoft Access support is ending in 2020, thus, a new system was required. The Children's Program Intake Platform (CPIP) project, in support of the DHS All in for Kids Initiative, leveraged the existing DHS Enterprise Care Management system based on the Entellitrak Platform to implement a children's program instance of the software.

The project qualified for enhanced federal funding (90/10 match) from the Centers for Medicare & Medicaid Services (CMS). The budget estimate was \$1.22 million all funds, with the federal share being \$1,098,000 and the state share of \$122,000.

The project encompassed functionality previously supported by the Katie Beckett database, Compass Wisconsin Threshold system functions, document image repository, and direct interfaces to other Medicaid systems. The project team completed development, data migration, training, and comprehensive user acceptance testing from February through September 2019. The CPIP system went into production October 2019. No family lost access during the transition. The remainder of the calendar year addressed the backlog of manual processing during migration and performed activities to transition to operational support. The project is expected to close January 2020.

3. Electronic Visit Verification (EVV) System

The 21st Century Cures Act requires an Electronic Visit Verification (EVV) system for Medicaid reimbursed personal care services and home health care services.

CMS has cited the following benefits of implementing EVV:

- Ensure the health and welfare of individuals choosing to receive long-term services and supports where they live or otherwise receive services in the community (for example, by ensuring timely service delivery and notification of missed visits).
- Improve payment accuracy by using technology to match data on claims with data in service documentation (for example, time and duration of visit).
- Reduce fraud and abuse by requiring verification of service delivery before claims are adjudicated and paid.

The Wisconsin DHS EVV system will meet the requirements of the 21st Century Cures Act. DHS will contract with EVV vendor Sandata, using the existing DXC MMIS contract and scope of work. The EVV solution provided by Sandata has several components including:

- Electronic Visit Collection—Systems collect visit information as required by the Cures Act.
- Visit Information Management, Monitoring, and Reporting—Visit information is reviewed, edited, and validated. Monitoring and reporting ensures compliance with business, system, and solution requirements.
- Claims Verification—Valid visit information is matched to rendered/payable services by payers.

The total cost of the project is estimated to be \$8.68 million with 90% federal matching funds. The funding sources are \$.868 million general purpose revenue and \$7.812 million federal matching funds. The target timeframe for project completion is January 2021.

4. State Vital Record Information System Part 2

The State Vital Record Information System (SVRIS) project provides an integrated database of vital records with web-based access to various levels of stakeholders. Part 1 of the project, completed in 2016, has provided online processing and certification for birth, fetal death, and accounting records in phase 1; death records in phase 2; and marriage, divorce, and abortion records in phase 3. Part 2 of the project will image and provide partial data capture for about 25 million historical records that currently reside on paper or microfilm, with the image creating a backup copy of the original and the partial keying enabling issuance from the central SVRIS database. Vital Records has historical records that date back as far as 1814, with a more complete set of records from 1907 forward when state law first required submission of county records to the state for central registration.

Over the past year, the project completed the imaging task; all Vital Records now have a backup image copy. About 3.5 million of the images have been keyed, and about 700,000 have been loaded into the production SVRIS database. The team will continue capturing data from the historical records and loading the records into the SVRIS database. We currently project that all historical records will be keyed by January 2022 and loaded by December 2022.

The project will also implement statewide issuance of marriage licenses in 2020, similar to the statewide issuance of birth certificates in 2016.

The total cost of the project is estimated to be \$14.2 million, and while the timeline for completion has extended by about six months from a target completion date of July 2022 to December 2022, the total cost estimate is unchanged. The funding source is program revenue.

5. Enterprise Data Warehouse/Data Analytics and Reporting MES Modules

The Wisconsin Department of Health Services, Division of Medicaid Services (DMS), is preparing the MMIS for federally required modularization and integration.

DMS is strategically and incrementally modernizing and modularizing the MMIS. DMS has identified targeted functionality that will be carved out of the current MMIS and modernized as stand-alone modules. This project includes the following key deliverables: procurement of a new enterprise data warehouse (EDW) and data analytics and reporting (DAR) modules and CMS approval of the contract by August 2020.

The estimated project cost is \$9,461,797, with federal funding providing \$8,114,847 and state funding providing \$1,346,950. The implementation and federal certification of phase I of the EDW & DAR is anticipated by November 2023.

6. Program Integrity (PI) Module Services

The Program Integrity (PI) Module Services project will provide the functionality to support identification and reduction of fraud, waste, and abuse. The PI Module is to be the primary collection point of program integrity information and will support the communication and sharing of program integrity data/utilization review data across the Wisconsin Medicaid Enterprise.

The total cost of the PI Module is estimated to be \$5.69 million with 90% federal matching funds. The funding sources are \$569,000 general purpose revenue and \$5.12 million federal matching funds. This does not include maintenance and operation costs. Design and development implementation for this project will run through March 2022.

7. MMIS Takeover and Enhancement Project

The project will execute development and support takeover and enhancement of the Medicaid Management Information System (MMIS). DXC was awarded the contract to continue to provide development and support services for MMIS. Also in scope are major enhancements to MMIS.

The total cost of the project is estimated to be \$72.2 million with 90% federal matching funds. The funding sources are \$7.2 million general purpose revenue and \$65 million federal matching funds. The target timeframe for project completion is September 2021.

8. Projects Completed/Closed Since 2018 Report

2018 Rpt Ref Num	Project Name	Completion Date
2	IRIS Self-Directed Information Technology System (ISITS)	Completed (operational throughout 2018)
3	MITA Assessment and MMIS Procurement	Completed August 2018
4	Total Cost of Care (TCoC)	Completed September 2019
5	Fraud Data Analytics Services	Completed (operational throughout 2018)
7	Third Party Liability (TPL)	Completed September 2019
8	Eligibility and Enrollment Streamlining	Completed September 2019